

# BUILDING PERMIT

- Electrical
- Plumbing
- Inspection Required
- N/A

Jurisdiction of : Hubbard (City of Hubbard)

*Applicant to complete numbered spaces only*

Job Address					
1 Legal Description	Lot No.	BLK	Tract <span style="float: right;"><input type="checkbox"/> See Attached Sheet</span>		
2 Owner	Mail Address	Zip	Phone		
3 Contractor	Mail Address	Phone	Registration No.		
4 Architect or Designer	Mail Address	Phone	Registration No.		
5 Engineer	Mail Address	Phone	Registration No.		
6 Lender	Mail Address	Branch			
7 Use of Building					
8 Class of Work: <input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Move <input type="checkbox"/> Remove					
9 Describe Work:					
10 Valuation of Work: \$		PLAN CHECK FEE	PERMIT FEE		
Special Conditions:		Type of Const.	Occupancy group		
		Division			
		Size of Bldg. (Total) Sq. Ft.	No. of Stories		
		Fire Zone	Use Zone		
			Fire Sprinklers Required <input type="checkbox"/> Yes <input type="checkbox"/> NO		
Applicallon Accepted By:	Plans Checked By:	Approved for Issuance By:			
		No. of Dwelling Units	Offstreet Parking Spaces: Covered   Uncovered		
<p style="text-align: center;"><b>NOTICE</b></p> <p>THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 6 MONTHS AT ANY TIME WORK IS COMMENCED.</p> <p>I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT, THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OR CONSTRUCTION.</p>		Special Approvals	Required		
		Received	Not Required		
		Zoning			
		Health Dept.			
		Fire Dept.			
		Soil Report			
		Other (Specify)			
Signature of Contractor or Authorized Agent		Date			
Signature of Owner (If Owner Builder)		When Properly Validated (In This Space) This Is Your Permit			
		Plan Check Validation	CK. #   M.O.   CASH		
		Permit Validation	CK. #   M.O.   CASH		
		Inspection Fee Paid	CK. #   M.O.   CASH		

# City of Hubbard

Service Address: \_\_\_\_\_ LOT: \_\_\_\_\_ BLK: \_\_\_\_\_

Owners Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_

General Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

License #: \_\_\_\_\_ Email: \_\_\_\_\_

Plumbing Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

License #: \_\_\_\_\_ Email: \_\_\_\_\_

Electrical Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

License #: \_\_\_\_\_ Email: \_\_\_\_\_

HVAC Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

License #: \_\_\_\_\_ Email: \_\_\_\_\_

## Building Permit Use:

New \_\_\_\_\_ Addition \_\_\_\_\_ Alteration \_\_\_\_\_ Repair \_\_\_\_\_ Move \_\_\_\_\_ Remove \_\_\_\_\_

## Square Feet:

New: \_\_\_\_\_ Addition: \_\_\_\_\_

Valuation of Work: \$ \_\_\_\_\_

Describe Work: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_